

Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

		(HOLC) I	Marine State Company	TERRETORNO DE LA COMPTENZA DE	regione. It shou	PERSONAL PROPERTY.		
Filer Identificatio Number	n		Report Filed B	y Candida	te X	Committee		Lobbyist
Name of Filing Co Lobbyist	ommittee, Car	ndidate or	T	m B	ock			
Street Address			100		1 -	NNA	AVE	
City	F	RIE	100	State	AA	Zip Code	1650	9
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Type of Report (P	THE RESIDENCE OF THE PARTY OF THE	CONTRACTOR STATES					Consistendent	Consider 20 Day
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					\square			
Date Of Election (MM/DD/YYYY)		11/07/2017	Year	2017	Amendment Report		Termination Report	
	alate and	SEED AND CONTRACTOR OF THE COLOR	To Date			For	Office Use Only	
Summary of Reco	erpts and	From Date	To Date			FOI	Office Ode Office	
Expenditures		10/24/201	7 11/27	1/2017				
A. Amount Brou				24,32			-S	2017
B. Total Monetar (From Schedule I		ns and Receipt	\$ 1,2	50.00			THE	To the
C. Total Funds Av	vailable		\$ 11 0	74/ 27			2217	1 (3)
(Sum of Lines A	ACCEPTAGE AND ASSESSMENT OF THE PARTY OF THE		7,0	74,32			(D) S	
D. Total Expenditures			\$ 6 358.31		#S = 3			
(From Schedule I E. Ending Cash B			\$ 22627.00				3 0.	1 1
(Subtract Line D			3-2283.99		ATO CO			
F. Value of In-Kin		ons Received					Ö	7
(From Schedule I				0.00				
G. Unpaid Debts		ons	\$	0.00				
(From Schedule	IV)				J			
			∢ 	Affidavit Se				
Part 1- If this is a Co	mmittee report	rt, treasurer sign b	nere. If this is a Ca	ngidate report, c	andidate sign here. best of my knowled	ge and belief t	rue, correct and comple	ete.
Sworn to and subso			S 5 5 5	E Asper, is to the	0	1-	Buch	
day of_	1VOV .	A 30 1	- ENH	= 16	James	///	COUL	
Donic	a Wh	Ut_	F PEN L SEAL Itary Pu	- SOCIA	JAME	of Person Subn	nitting report Bock	
, , ,	Signature	210	OLE SE	i i	`	Printed Nan		
My Commission ex	oires U	5-1-1	PATA PER	2 10 N	814)	4	572-420	99
, commission ex	MO.	DAY YR	R. Daytime Telephone Number			er		
			S FO	1 2 0 4 #/Jaka aballata				
Part II- If this is a re	port of a Candi	of my knowledge	and belief this no	fitical committee	has not violated an	y provisions of	the Act of June 3, 1937	(P.L. 1333, NO.320) as
amended.								
Sworn to and subscribed before me this								
day of					(.)			
					Sign	nature of Cand	idate	
Signature				-		Printed Name		RM388
My Commission ex	000000	DAY VD			Area Code	Day	time Telephone Numbe	ar
	MO.	DAY YR.			NIEB COUR	Day	ame receptione number	***

SCHEDULE I

Contributions and Receipts

Detailed Summary Page

Filer Identification Number	

1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	
Total for the reporting period (1)	\$ 300.00
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	
Contributions Received from Political Committees (Part A)	\$ 0.00
All Other Contributions (Part B)	\$ 550.00
Total for the reporting period (2)	\$ 550:00
3. Contributions Over \$250.00 (From Part C and Part D)	
Contributions Received from Political Committees (Part C)	\$ 0.00
All Other Contributions (Part D)	\$ 0.00 400.00 400.00
Total for the reporting period (3)	\$ 400.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)	
Total for the reporting period (4)	\$ 0.00
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; also enter this amount on Page 1, Report Cover Page, Item B)	\$ 1,250.00

PART A

Contributions Received From Political Committees

\$50.01 TO \$250.00 Use this Part to itemize only contributions received from Political Committees with an aggregate value from \$50.01 TO \$250.00 in the reporting period.

					Amount
Full Name of Co Committee	intributing	1/1	14	Date [MM/DD/YYYY]	\$
House #	Street Address	/	71	Date [MM/DD/YYYY]	\$
ricuse ii	J. 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			DEMARK SOCIETA	
City	I	State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing	EXPANSE.		Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	s
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date (MM/DD/YYYY)	\$
Full Name of Co Committee	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Co	ontributing			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$

PART B

All Other Contributions

\$50.01 TO \$250

Use this Part to itemize all other contributions with an aggregate value from \$50.01 TO \$250 in the reporting period.

(Exclude contributions from political committees reported in Part A.)

Filer Identification Number:

	are the parties of the sale			Nant work or	Control of the Contro
Full Name of Contributor JAM	=5 R. I	WALCZAK	Date [MM/DD/YYYY]	\$	200.00
House # Street Address		AKE RO	Date [MM/DD/YYYY]	ş	200.00
City NORTHEAST	State PA	Zip Code 1642	S Date [MM/DD/YYYY]	\$	
Full Name of Contributor ROBE	RT GA	NOLEY	Date [MM/DD/YYYY]	\$	150.00
House # Street Address	^	t Row	Date [MM/DD/YYYY]	\$	
City GIRARD	State PA	Zip Code 1641	Date [MM/DD/YYYY]	\$	
Full Name of Contributor MAR	k J.	SHAW	Date [MM/DD/YYYY] 10/27/2017	\$	100.00
House # 4345 Street Address	COLT L		Date (MM/DD/YYYY)	\$	
City ERIE	State AA	Zip Code 1650	Date [MM/DD/YYYY]	\$	
Full Name of Contributor MAR	k T. /	AUKOV	Date [MM/DD/YYYY] 10 /27/2017	\$	100.00
House # Street Address	ASBUR	1	Date [MM/DD/YYYY]	\$	
City ERIE	State PA	Zip Code 1650	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	at Significance	di Mali di Sancaria Indonesia Propinsi Amerikan Pali	Date [MM/DD/YYYY]	\$	
House # Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	
Full Name of Contributor	Date [MM/DD/YYYY]	\$			
House # Street Address			Date [MM/DD/YYYY]	\$	
City	State	Zip Code	Date [MM/DD/YYYY]	\$	

PART C

Contributions Received From Political Committees

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification	n Number:				
Full Name of		A	1/1	Date [MM/DD/YYYY]	\$
Contributing Co	ommittee	$\mathcal{A}_{\mathcal{A}}$	VA	Date (min) 25/1111	
House #	Street Addres	S		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee	34(0.43)		Date [MM/DD/YYYY]	\$
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	S		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	s		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	S		Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Full Name of Contributing Co	ommittee			Date [MM/DD/YYYY]	\$
House #	Street Addres	s	·	Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
		2 = 0.00 = 10°	1000000000000000000000000000000000000		

PART D

All Other Contributions

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:

2722N27F-NEVRITOR		or the section (Admit to Experience)			
Full Name of Co		NAME OF TAXABLE PARTY.	. 1	Date [MM/DD/YYYY]	\$
	EV	AN E.	ADAIR	10/25/2017	400.00
House #	Street Address	1.1	10TH 35	Date [MM/DD/YYYY]	\$
24	16				
City	RIE	State A	A Zip Code 16501	Date [MM/DD/YYYY]	\$
Employer Name	2	EVAN E.	ADAIR-ATTNY	Occupation ATTO	DANEY
Employer Mailin Principal Place	ng Address /	246 W	UIOTHST ER	IE PA1650)/
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	L.	State	Zip Code	Date [MM/DD/YYYY]	5
Employer Name		[25925856]	[3536800003004]	Occupation	L
Employer Maili					
Principal Place	AND THE PROPERTY OF THE PROPERTY OF THE PARTY OF THE PART	Management		Date [MM/DD/YYYY]	151
Full Name of Co	ontributor			Date (WW/DD/1111)	
House #	Street Address			Date [MM/DD/YYYY]	\$
City	3-18 - 3-1	State	Zip Code	Date [MM/DD/YYYY]	\$
Employer Name	9			Occupation	188
Employer Maili Principal Place	ACCOUNT OF THE PROPERTY OF THE			Last files L	
Full Name of Co	ontributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
				Occupation	[] [] [] [] [] [] [] [] [] []
Employer Name				Occupation	
Employer Maili Principal Place			9		

PART E

Other Receipts

REFUNDS, INTREST INCOME, RETURNED CHECKS, ETC.
Use this Part to report refunds received, interest earned, returned checks and prior expenditures that were returned to the filer.

Filer Identification Nun	nber:			
	THE RESERVE TO THE PERSON NAMED IN THE PERSON		1	
Full Name		$\Lambda I I$	A	
House #	Street Address	10/0		
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		1000000000	, and the second	
Full Name				
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Full Name		serve and come has uncompacting the page to		
House #	Street Address			:
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				
Full Name		ather to the contest for the series		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				J
Full Name		THE REST OF THE PARTY AND THE PARTY OF THE P		
House #	Street Address			-
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description		I and a second	J. Commission of the Commissio	
Full Name		Come a large of the Posts (Market Market)		
House #	Street Address			
City		State	Zip Code	Date [MM/DD/YYYY] \$
Receipt Description				, page 1

SCHEDULE II PART F

In-Kind Contributions Received

VALUE OF \$50.01 TO \$250

Filer Identification	Number:				
Full Name of Con	tributor	1]/A	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City	1.75 A 1.95 11.35 0 1	State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution				I Section 1
Full Name of Cor	ntributor		a triburida di Carrio Sulla di Nobel del Partico del Partico del Partico del Partico del Partico del Partico d	Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution				
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution				
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution		I market a company of the company of		
Full Name of Cor	ntributor			Date [MM/DD/YYYY]	\$
House #	Street Address			Date [MM/DD/YYYY]	\$
City		State	Zip Code	Date [MM/DD/YYYY]	\$
Description of Co	ontribution				

SCHEDULE II Part G

In-Kind Contributions Received

			VALUE OVER \$250	
Filer Identification	n Number:			
Farmer to the Color of the Colo	All Science in the Manual annual			
Full Name of Co	entributor	1	1/A	Date [MM/DD/YYYY] \$
House #	Street Address	//	1//	Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	9			Occupation
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	e			Occupation
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	e			Occupation
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution
Full Name of Co	ontributor			Date [MM/DD/YYYY] \$
House #	Street Address			Date [MM/DD/YYYY] \$
City		State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	e			Occupation
Employer Maili Place of Busine	ng Address / Principal ss			Description of Contribution

SCHEDULE II

IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:	
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$5	50.00 OR LESS PER CONTRIBUTOR
TOTAL for the reporting period (1)	\$ 0
2. IN-KIND CONTRIBUTIONS RECEIVED-VALUE OF \$50.01 TO \$250	50.00 (FROM PART F)
TOTAL for the reporting period (2)	\$ 0
3. IN-KIND CONTRIBUTION RECEIVED-VALUE OVER \$250.00 (FROM	OM PART G)
TOTAL for the reporting period (3)	\$ 0
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS REPORTING PERIOD (Add and enter amount totals from boxes 1, 2, and 3; also enter on Page 1, Report Cover Page, Item F)	er \$ O

Statement of Expenditures

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Filer Identification Number:	

Tổ Whom Paid	Date [MM/DD/YYYY] \$
WCTL RADIO	10/24/2017 400 00
House # 10912 Street Address PEACH ST	Description of Expenditure
City WATERFORD State PA Code 16441	RADIO ADVERTISING
To Whom Paid	Date [MM/DD/YYYY] \$
CONNOISSEUR MEDIA	10/25/2017 999.60
House # 1 Street Address ROSTON STORE PL	Description of Expenditure
City ERIE State AA Zip Code 16501	RADIO ADVERTISING
To Whom Paid	Date [MM/DD/YYYY] \$
KIMKOPY	10/30/2017 4,080.68
House # 2040 Street Address W 8TH 5T	Description of Expenditure
City ERIE State PA Code 16505	DIRECT MAIL FLYER
To Whom Paid	Date [MM/DD/YYYY] \$
ERIE COUNTY REPUBLICAN COMM.	11/03/2017 80.00
House # 8345 Street Address EDINBORO RD	Description of Expenditure
City ERIE State PA Zip 16309	RALLY ENTRY FEE
To Whom Paid	Date [MM/DD/YYYY] \$
NEGMANIS	中的现在分词形式上对话的变形,因为这种人的不同的证明的证明,并不可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以可以
NEGMANIS	Date [MM/DD/YYYY] \$ 54/4/
WEG-MAN'S	11/06/2017 54. 46
House # 6/43 Street Address PEACH ST City EAIE State PA Zip Code 16509	Date [MM/DD/YYYY] \$ 54.46 Description of Expenditure Delnks For Watch Party Date [MM/DD/YYYY] \$
House # 6143 Street Address PEACH ST City ERIE State PA Code 16509	Date [MM/DD/YYYY] \$ 54. 46 1//06/2017 54. 46 Description of Expanditure Delinks For Watch Party Date [MM/DD/YYYY] \$ 50.00
House # 6/43 Street Address PEACH ST City EAIE State PA Zip Code 16509	Date [MM/DD/YYYY] \$ 54. 46 Description of Expanditure Delinks For Watch Party Date [MM/DD/YYYY] \$
House # 6/43 Street Address PEACH ST City EAIE State PA Code 16-509 To Whom Paid JiM BOCK House # Street Address AA	Date [MM/DD/YYYY] \$ 54.46 Description of Expenditure Delinks For Watch Party Date [MM/DD/YYYY] \$ 50.00 Description of Expenditure PEIMBURSE FOR ECRC
House # 6/43 Street Address PEACH ST City EAIE State PA Zip Code 16509 To Whom Paid JiM BOCK House # 1000 Street Address MARIANNA AVE City ERIE State PA Zip Code 16509	Date [MM/DD/YYYY] \$ 54.46 Description of Expenditure Deluks For Watch Party Date [MM/DD/YYYY] \$ 50.00 Description of Expenditure PELMBURSE FOR ECRC BASKET DONATION Date [MM/DD/YYYY] \$
House # 6/43 Street Address PEACH ST City EAIE State PA Zip Code 16509 To Whom Paid JiM BOCK House # 1000 Street Address MARIANNA AVE City ERIE State PA Zip Code 16509 To Whom Paid BEERS POP DISCOUNT WAREHOUSE	Date [MM/DD/YYYY] \$ 54.46 Description of Expenditure Delniks For Watch Party Date [MM/DD/YYYY] \$ 50.00 Description of Expenditure PELMBURSE FOR ECRC BASKET DONATION Date [MM/DD/YYYY] \$ 113.57
House # 6/43 Street Address PEACH ST City EAIE State PA Zip Code 16509 To Whom Paid JiM BOCK House # 1000 Street Address MARIANNA AVE City ERIE State PA Zip Code 16509	Date [MM/DD/YYYY] \$ 54.46 Description of Expenditure Date [MM/DD/YYYY] \$ 50.00 Description of Expenditure Date [MM/DD/YYYY] \$ 50.00 Description of Expenditure Date [MM/DD/YYYY] \$ 113.57 Description of Expenditure
House # 6/43 Street Address PEACH ST City EAIE State PA Zip Code 16509 To Whom Paid JiM BOCK House # 1000 Street Address MARIANNA AVE City ERIE State PA Zip Code 16509 To Whom Paid BEERGY FOR DISCOUNT WARE HOUSE	Date [MM/DD/YYYY] \$ 54.46 Description of Expenditure Delniks For Watch Party Date [MM/DD/YYYY] \$ 50.00 Description of Expenditure PELMBURSE FOR ECRC BASKET DONATION Date [MM/DD/YYYY] \$ 113.57
House # 6/43 Street Address PEACH ST City EAIE State PA Zip Code 16509 To Whom Paid JIM BOCK House # 1000 Street Address MARIANNA AVE City ERIE State PA Zip Code 16509 To Whom Paid BEER POP DISCOUNT WAREHOUSE House # 901 Street Address PENINSULA DR City ERIE State PA Zip Code 16505 To Whom Paid Street Address PENINSULA DR City ERIE State PA Zip Code 16505	Date [MM/DD/YYYY] \$ 54.46 Description of Expenditure Delinks For Watch Party Date [MM/DD/YYYY] \$ 50.00 Description of Expenditure RELINBURSE FOR ECRC BASKET DONATION Date [MM/DD/YYYY] \$ 113.57 Description of Expenditure BEER FOR FOR WATCH PARTY Date [MM/DD/YYYY] \$ 113.57
House # 6/43 Street Address PEACH ST City ERIE State PA Zip Code 16509 To Whom Paid JIM BOCK House # 1000 Street Address MARIANNA AVE City ERIE State PA Zip Code 16509 To Whom Paid BEERGY FOR DISCOUNT WAREHOUSE House # 901 Street Address PENINSULA DR City ERIE State PA Zip Code 16505 To Whom Paid REESQUE ISLE PA Zip Code 16505	Date [MM/DD/YYYY] \$ 54.46 Description of Expenditure Description of Expenditure Date [MM/DD/YYYY] \$ 50.00 Description of Expenditure Date [MM/DD/YYYY] \$ 1100/DATION Date [MM/DD/YYYY] \$ 113.57 Description of Expenditure BEER FOR FOR ECRC WATCH PARTY Date [MM/DD/YYYY] \$ 113.57
House # 6/43 Street Address PEACH ST City EAIE State PA Zip Code 16509 To Whom Paid JIM BOCK House # 1000 Street Address MARIANNA AVE City ERIE State PA Zip Code 16509 To Whom Paid BEER POP DISCOUNT WAREHOUSE House # 901 Street Address PENINSULA DR City ERIE State PA Zip Code 16505 To Whom Paid Street Address PENINSULA DR City ERIE State PA Zip Code 16505	Date [MM/DD/YYYY] \$ 54.46 Description of Expenditure Delinks For Watch Party Date [MM/DD/YYYY] \$ 50.00 Description of Expenditure RELINBURSE FOR ECRC BASKET DONATION Date [MM/DD/YYYY] \$ 113.57 Description of Expenditure BEER FOR FOR WATCH PARTY Date [MM/DD/YYYY] \$ 113.57

Statement of Expenditures

THE RESIDENCE OF THE PARTY OF T	
Filer Identification Number:	
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To Whom Paid	THE PROPERTY OF LAND SOME PARTY OF	POR CONTRACTOR OF THE PROPERTY OF THE		Date [MM/DD/YYYY] \$	INPONENTIAL CONTRACTOR AND STATE OF THE STAT
16 Whom Pald	TRI-S	TATE SE	WIDE NEWS	11/27/2017	480.00
House #	Street Address	P.O. Box.	NIOR NEWS 3056	Description of Expenditure	
City EA	16	State PA	Zip Code 16508	ADVERTIS.	NG-
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	12
City		State	Zip Code		tridae in Gereralle pour reve
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City		State	Zìp Code		
To Whom Paid			1720	Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	(Settle shows (Set)	State	Zip Code		
To Whom Paid	e di Anna Pari, del Magnillo di Propinsi di Anna Pari	Acceptable and Sound		Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	and the second	State	Zip Code		And the beautiful Co. Co. Co. Advantage and Co.
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	Align a market	State	Zip Code		ACTION OF SECURIAL SECTIONS USES
To Whom Paid				Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	Service Tellogical	State	Zip Code		Control of the Contro
To Whom Paid		rein in de Santanierina en 1920		Date [MM/DD/YYYY] \$	
House #	Street Address			Description of Expenditure	
City	L-Man Selectoration	State	Zip Code	ACTION STREET,	TO SECURITY OF A CHARLES OF A

SCHEDULE IV

Statement of Unpaid Debts
Use this Section to itemize all unpaid debts and obligations which are outstanding at the end of the reporting period.

Filer Identification Nun	nber:			
Name of Creditor	41/0	ericularia elikeroni		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Debt			Principalities (
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Debt				
Name of Creditor		ARCHANIST TOTAL		Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Debt		they share because the sales		
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City Description of Debt		State	Zip Code	
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Debt				
Name of Creditor				Outstanding Balance of Debt
House #	Street Address		DATE DEBT INCURRED [MM/DD/YYYY]	\$
City		State	Zip Code	
Description of Debt				